



**CITY OF CARROLLTON**  
**APPLICATION FOR**  
**CERTIFICATE OF APPROPRIATENESS**

Property Owner: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Project Address/Location: \_\_\_\_\_

Description of proposed change(s): *(Attach additional information if necessary)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Adjacent Property Owners:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

STAFF USE ONLY				
Date Received	HP Meeting Date	Action Taken	COA #	COA Expiration Date